



Application No. (if known): 10/676,327 - Conf. #6524

Attorney Docket No.: 09871/0200096-USO

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on June 21, 2006
Date

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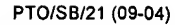
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Transmittal Form (1 page)
Fee Transmittal (1 page)
Amendment Transmittal Letter (1 page)
Amendment in Response to Non-Final Office Action (14 pages)
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ENCLOSURES <i>(Check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Express Mailing; Amendment Transmittal Letter; Check in the amount of \$200; and Return Receipt Postcard
<div style="border: 1px solid black; display: inline-block; padding: 5px; width: 30%;">Remarks</div>		

{W:\09871\0200096us0\00780518.DOC 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 }



FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/676,327-Conf. #6524
		Filing Date	September 30, 2003
		First Named Inventor	Minoru Takatsuka
		Examiner Name	T. J. Stigell
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3763	
TOTAL AMOUNT OF PAYMENT	(\$) 200.00	Attorney Docket No.	09871/0200096-USO

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-0100</u> Deposit Account Name: <u>Darby & Darby P.C.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
19 - 20 =		x	=		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
4 - 3 =		1	x 200.00 =	200.00			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50	(round up to a whole number) x	=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	47,522
Name (Print/Type)	Louis J. DeJuidice	Telephone	(212) 527-7791
		Date	June 21, 2006

AMENDMENT TRANSMITTAL LETTER		Docket No. 09871/0200096-US0	
Application No. 10/676,327-Conf. #6524	Filing Date September 30, 2003	Examiner T. J. Stigell	Art Unit 3763
Applicant(s): Minoru Takatsuka et al.			
Invention: ELECTRIC SYRINGE FOR DENTAL ANESTHETIC			
TO THE COMMISSIONER FOR PATENTS			
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.			
CLAIMS AS AMENDED			
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present
Total Claims	19	- 20 =	x
Independent Claims	4	- 3 =	1
			Rate x 200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>			200.00
Other fee (please specify):			
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:			200.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity			
<input type="checkbox"/> No additional fee is required for this amendment.			
<input type="checkbox"/> Please charge Deposit Account No. <u>04-0100</u> in the amount of \$ _____			
<input checked="" type="checkbox"/> A check in the amount of \$ <u>200.00</u> to cover the filing fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below.			
<input checked="" type="checkbox"/> Credit any overpayment.			
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.			
Louis J. DeJurdice Attorney/Agent Reg. No.: 47,522 DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7783			Dated: <u>June 21, 2006</u>



Docket No.: 09871/0200096-US0
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Minoru Takatsuka et al.

Application No.: 10/676,327

Confirmation No.: 6524

Filed: September 30, 2003

Art Unit: 3763

For: ELECTRIC SYRINGE FOR DENTAL
ANESTHETIC

Examiner: Theodore J. Stigell

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated March 28, 2006, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

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